

Improving VTE Risk Assessment in ED patients (≥17 years) with Lower Limb Immobilisation in Plaster

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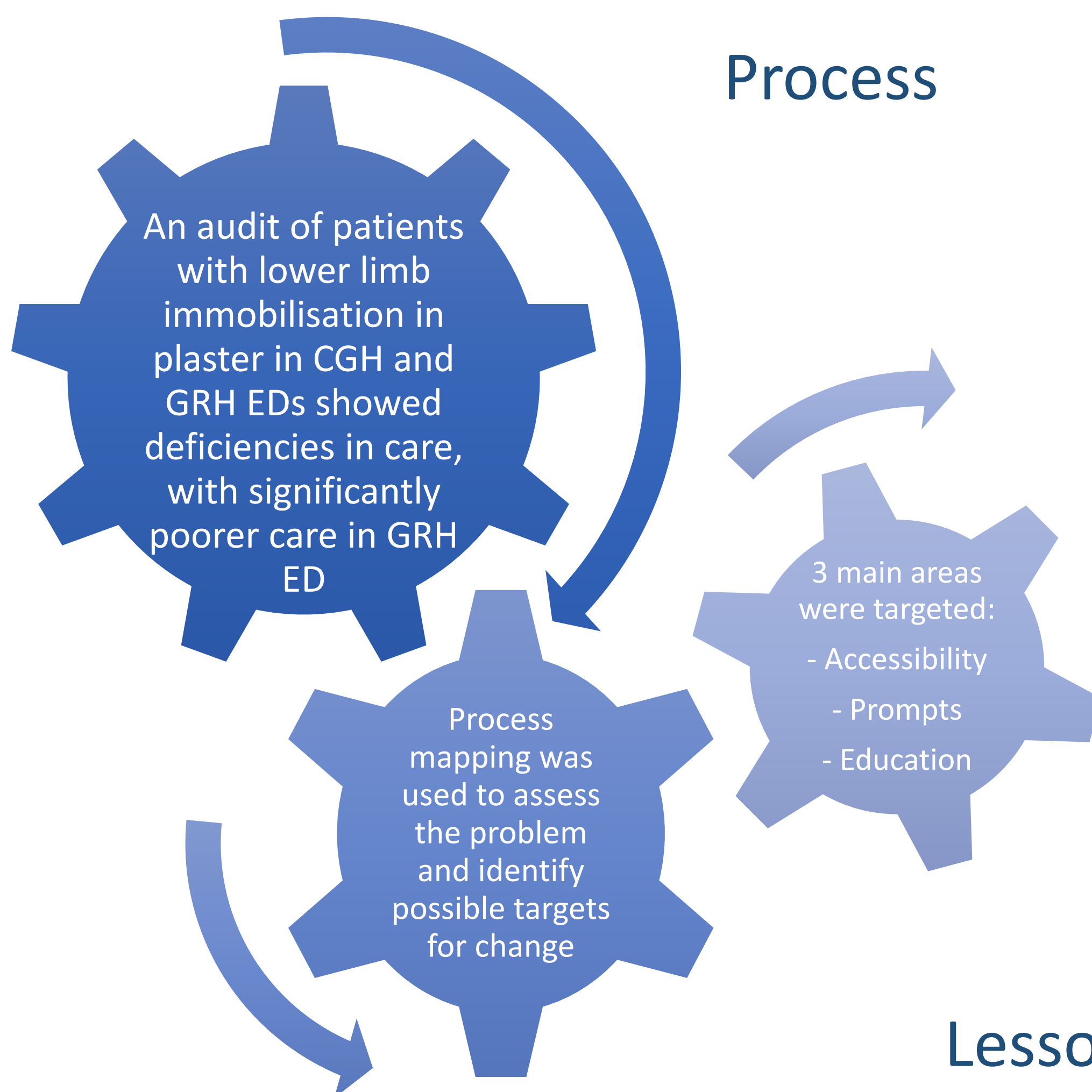
Context

Documented link between VTE and temporary limb immobilisation ². Estimated incidence of VTE in patients with lower limb immobilisation of between 5 and 39% ². NICE guidance on outpatient management of VTE risk is minimal

Problem

VTE is dangerous, and potentially fatal. High risk of progression from DVT to PE if untreated ³

Process



Interventions

Accessibility

- Placement of assessment forms in more prominent place

Prompts

- Poster in Plaster Room

Education

- Information poster on ENP notice board
- Presentation at ED Induction for Drs
- Presentation at ENP meeting
- Email and paper mail to ENPs summarising QIP and reasons behind it

ENPs were identified as a key stakeholder in this QIP following identification during process mapping, so were consulted with frequently, and became a large focus of our campaign

Measurement

Data was collected from Patient First for all patients with LL plaster immobilisation age ≥ 17 years. Scanned notes were reviewed to see if patients had been assessed, and if so, if the assessment had been appropriately completed

Data was reviewed from Jan-Nov 2015 to collect baseline figures, and comparison made with Feb/Mar 2016

Lessons Learnt

Unfortunately, we saw no significant improvement following our interventions. High turnover of Doctors with significant Locum appointments make sustainability of any improvements/changes challenging

Continued co-ordination with the ENP and nursing staff will allow us to implement further interventions. Identifying staff members with a lesser degree of turnover will allow sustainability of interventions

² Struijk-Mulder MC, *et al.* (2010) Comparing consensus guidelines on thromboprophylaxis in orthopedic surgery. *J Thromb Haemost*;8(4):678-83.

³ Kearon, C. (2003). Natural History of Venous Thromboembolism. *Circulation*. 107 127-130.